

HISTORY FACILITY PROFILE

FAIRVIEW CARE CENTER - EAST PROVIDER #: 46A058 FACILITY BEDS TYPE ACTION: RECERTIFICATION
 455 SOUTH 900 EAST PHONE NUMBER: (801) 355-6891 TOTAL: 36
 SALT LAKE CITY UT 84102 PARTICIPATION DATE: 11/01/1991 CERTIFIED: 36 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 11/19/2001		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 36			
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TOTAL:	32	ADMISSION SUSPENDED:		18	18/19	19	ICF/MR
MEDICARE:	0	SUSPENSION RESCINDED:		--	----	--	-----
MEDICAID:	29					36	
OTHER:	3						

CURRENT SURVEY REVISIT DATES - 01/07/2002

PRIOR 3 SURVEY 10/1998	S/S CODE	PRIOR 2 SURVEY 12/1999	S/S CODE	PRIOR 1 SURVEY 08/2000	S/S CODE	CURRENT SURVEY 11/19/2001	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
X	D			X	E				REQ F0164-PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS
		X	D						REQ F0241-DIGNITY
				X	D	X C	D	12/07/2001	REQ F0257-COMFORTABLE & SAFE TEMPERATURE LEVELS
		X	D						REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
				X	D				REQ F0316-APPROPRIATE TREATMENT FOR INCONTINENT RES
		X	D			X C	D	12/07/2001	REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
									REQ F0367-THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN
		X	D						REQ F0518-TRAIN EMPLOYEES, EMERGENCY PROC/DRILLS

EDITION OF LSC APPLIED

85 EXIST 85 EXIST 85 EXIST 85 EXIST

PRIOR 3 SURVEY 06/1998	PRIOR 2 SURVEY 11/1999	PRIOR 1 SURVEY 08/2000	CURRENT SURVEY 11/14/2001	PLAN/DATE OF CORRECTION
		X	X C	12/15/2001
		X	X F	
X	X	X	X F	
		X		
		X	X C	12/15/2001
X	X	X	X F	
	X		X C	12/15/2001

LSC DEFICIENCIES - BLDG NO. 01

K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS
 K0025-SMOKE PARTITION CONSTRUCTION
 K0039-CORRIDOR WIDTH
 K0050-FIRE DRILLS
 K0062-SPRINKLER SYSTEM MAINTENANCE
 K0104-PENETRATIONS OF SMOKE BARRIERS
 K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	2	2	3	1
HEALTH TOTAL	2	2	3	1
LIFE SAFETY CODE	6	6	3	2
LIFE SAFETY CODE + HEALTH	8	8	6	3

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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02/24/2000	UNSUBSTANTIATED
03/20/2001	SUBSTANTIATED
05/31/2001	UNSUBSTANTIATED
12/04/2002	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
 COP = CONDITION REQ = REQUIREMENT